

Work Order ID 96823

February-07-13 8:21:09 AM

96823

Ship March
25

Page 1

Item ID: D3876-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Protector - RH Fwd Wall

Stop

NS2

Start Date: 2/07/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 3/22/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: *MLJ*

Date: *13-02-07* Tooling:

Date:

Run Start

NR1

QC:

Date: _____ SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3876	A

100 0.00

100 FLOW WATER JET

Waterjet Memo 0.00

12 0 *Jm B-2-21*

FLOW CNC Waterjet I-Cut as per Dwg D3876

Dwg Rev: *A*

Prog Rev: *A*

2- Deburr if necessary

110 QC2- Inspect parts off machine FAI/FAIB 0.00

110 QC Memo 0.00

Quality Control

12 0 *Jm B-2-21*

120 QC8- Inspect parts - second check 0.00

120 QC Memo 0.00

Quality Control

DAS 159-88
13201

NCR: Yes / No

WORK ORDER NON-COMPLIANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ **Date:** _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 96823

February-07-13 8:21:09 AM

96823

Page 2

Item ID: D3876-1

Accept

Revision ID:

Item Name: Protector - RH Fwd Wall

Start Date: 2/07/13 Start Qty: 12.00

12

Required Date: 3/22/13 Req'd Qty: 12.00

12

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
Description

130

Identify as per dwg & Stock Location:

Set Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp***130***

Packaging

Packaging

Memo

JNIP

0.00

13/2/13 12

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

13/2/13 12

MF

13-2-26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY

Landing Gear	General								
	Bending	Bend	Grain	Ovalized	Pressure/Forced	Temperature/Cure			
Centre Not Concentric to O/S		BOM/Route	Hardware	Over/Under tolerance					
Cracks		Broken/Damaged	Inspection Incomplete	Part Incorrect					
Crushed/Crimped		Burrs	Instructions Incomplete/Unclear	Part Lost/Missing					
Cuffs		Contamination	Maintenance	Part Moved					
Heat Treat		Countersink	Mislabeled	Positioned Wrong					
Inspection Strip in Tube		Cut Too Short	Misread	Power Loss/Surge					
Ripples in Bend		Drill Holes	Offset						
Torque Waves in Extrusion		Drawing	Out of Calibration						
Turning Sequence		Finish	Out of Sequence						
Wave/Twist in Tube		Folio	Outside Dimensions						

Picklist Print

February-07-13 8:21:13 AM

Page 1

Work Order ID: 96823

96823
D3876-1

Parent Item: D3876-1

Parent Item Name: Protector - RH Fwd Wall

Start Date: 2/07/13

Required Date: 3/22/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP Rev:A 09-01-14 new issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04		Purchased	No			100	sf	11.6273	3.607	45.50211	**	50	JmB 2-21

MI FXS 125-F60029-04
GE PLASTICS LEXAN SHEET

Location	Loc Qty	Loc Code
MAT019	11.6273	
121803	11.6273	

124654

124654

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>	Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspector Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <input type="checkbox"/>							

DART AEROSPACE LTD	Work Order:	96823
Description: Protector – RH Fwd Wall	Part Number:	D3876-1
Inspection Dwg: D3876 Rev: A		Page 1 of 1

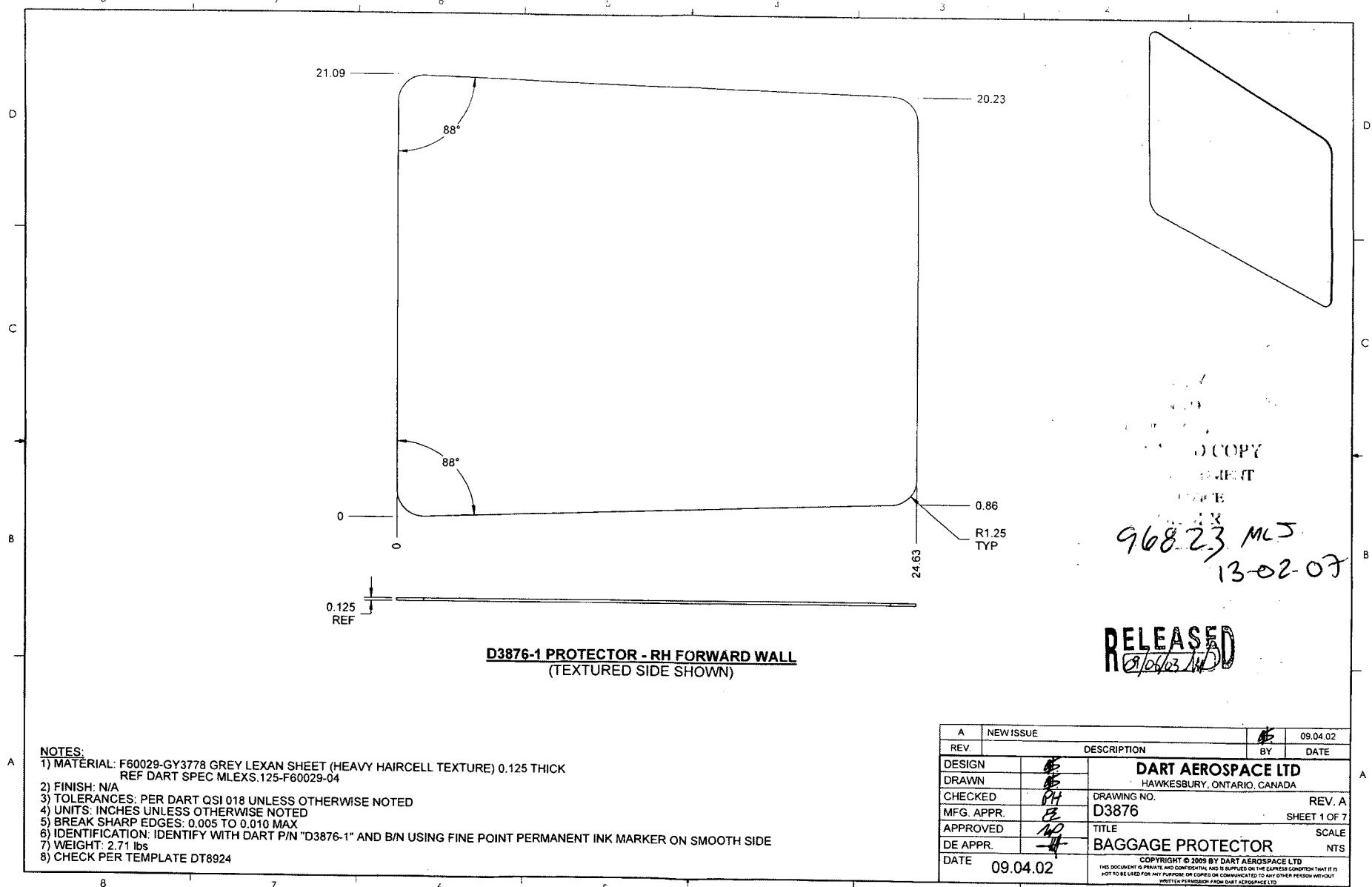
FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

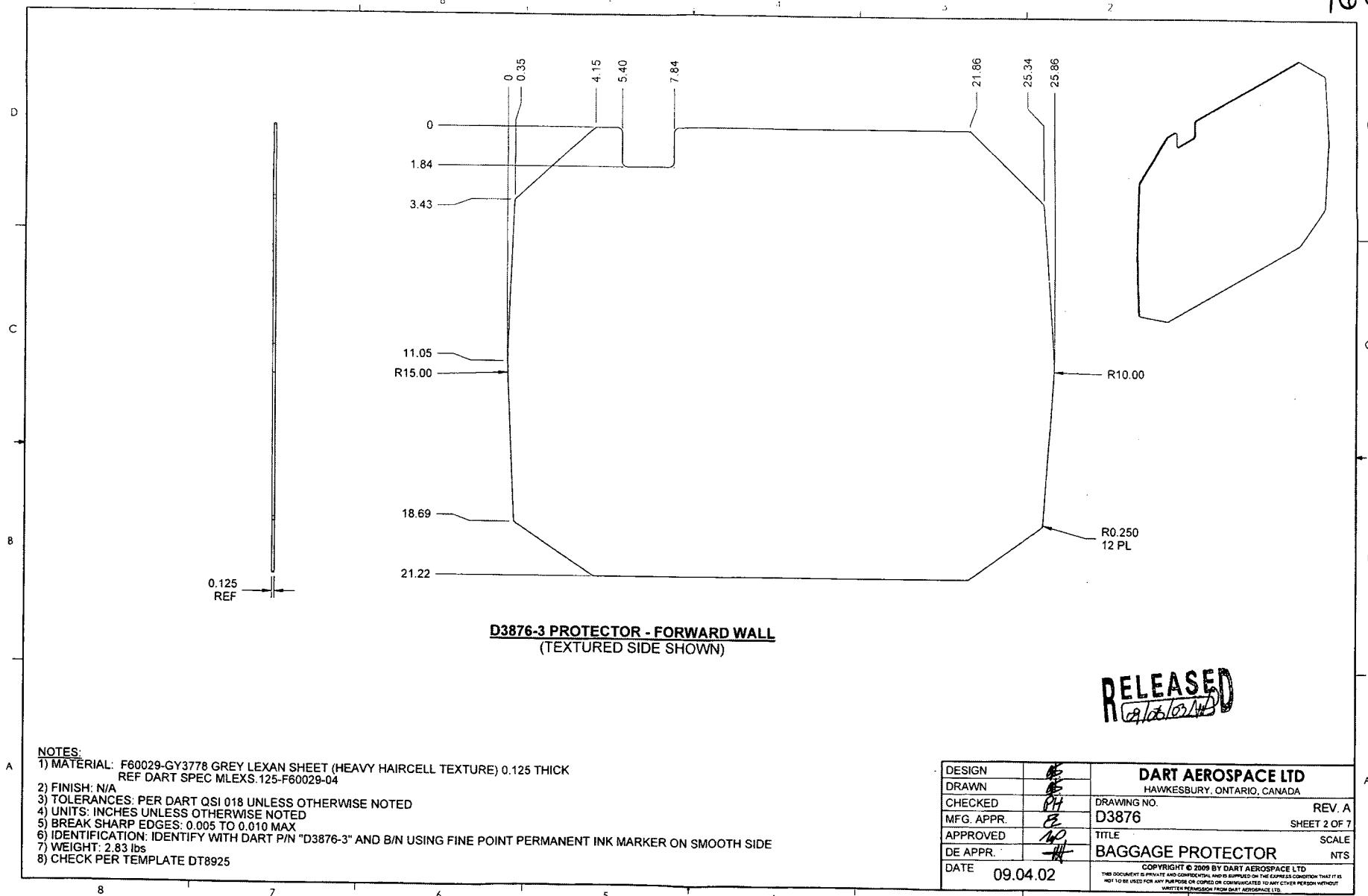
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Measured by:	Jm	Audited by:	15 2.89	Prototype Approval:	N/A
Date:	13-2-201	Date:	13-2-201	Date:	N/A

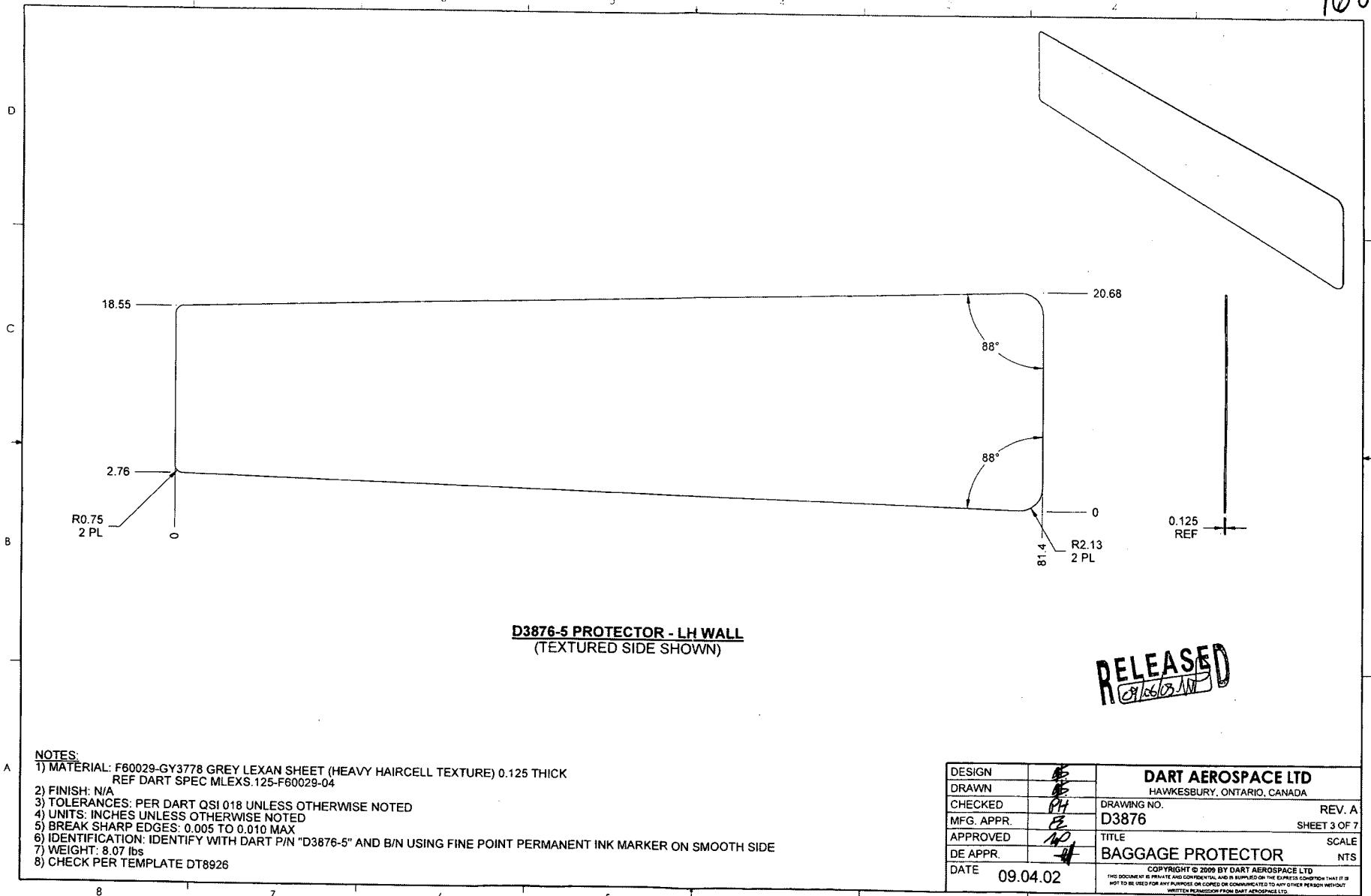
Rev	Date	Change	Revised by	Approved
A	09.06.22	New Issue	KJ	AA



96823

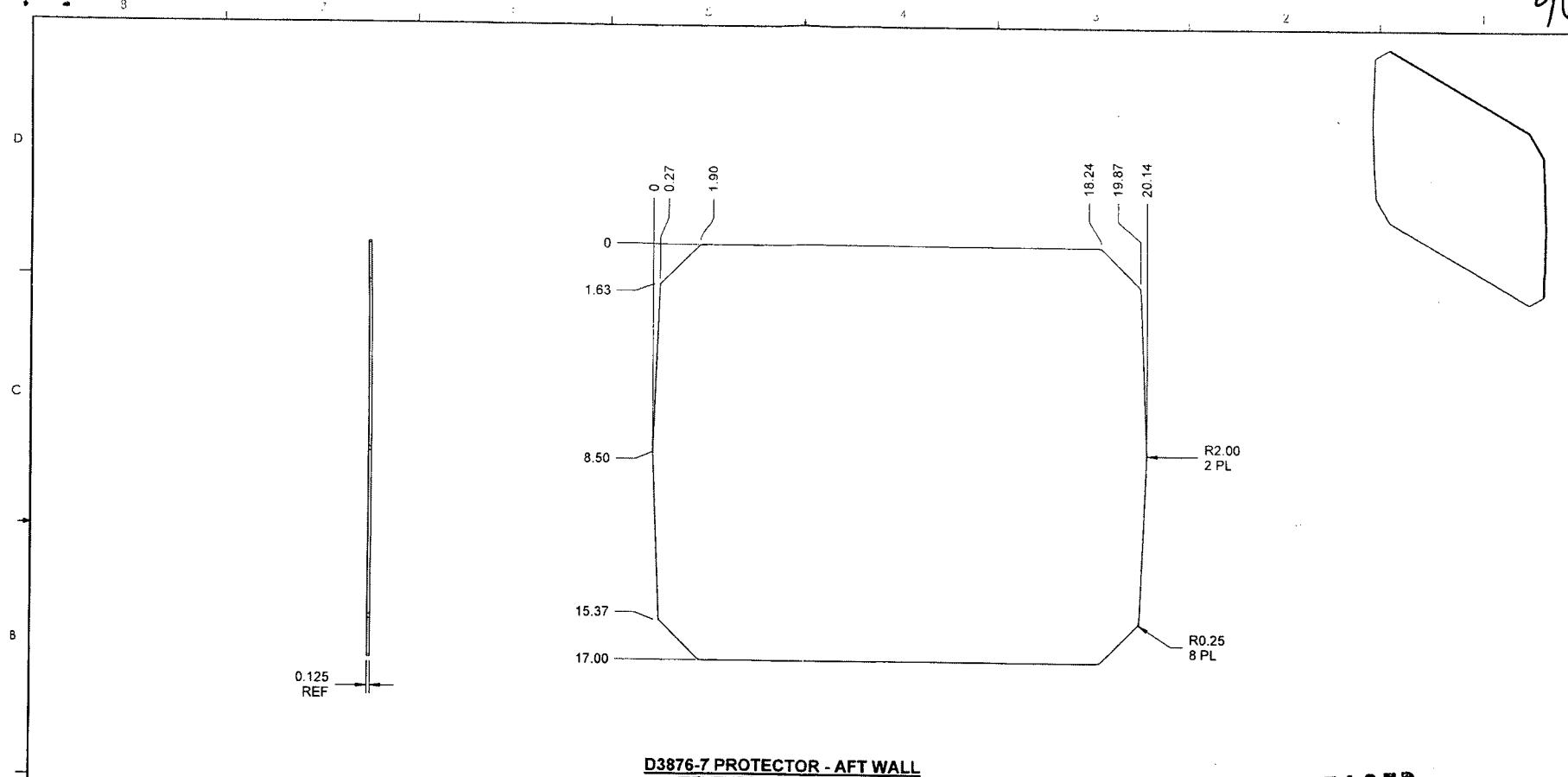


96823



DART AEROSPACE LTD	
HAWKESBURY, ONTARIO, CANADA	
DRAWING NO.	REV. A
D3876	SHEET 3 OF 7
TITLE	SCALE
BAGGAGE PROTECTOR	NTS
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96823



D3876-7 PROTECTOR - AFT WALL
(TEXTURED SIDE SHOWN)

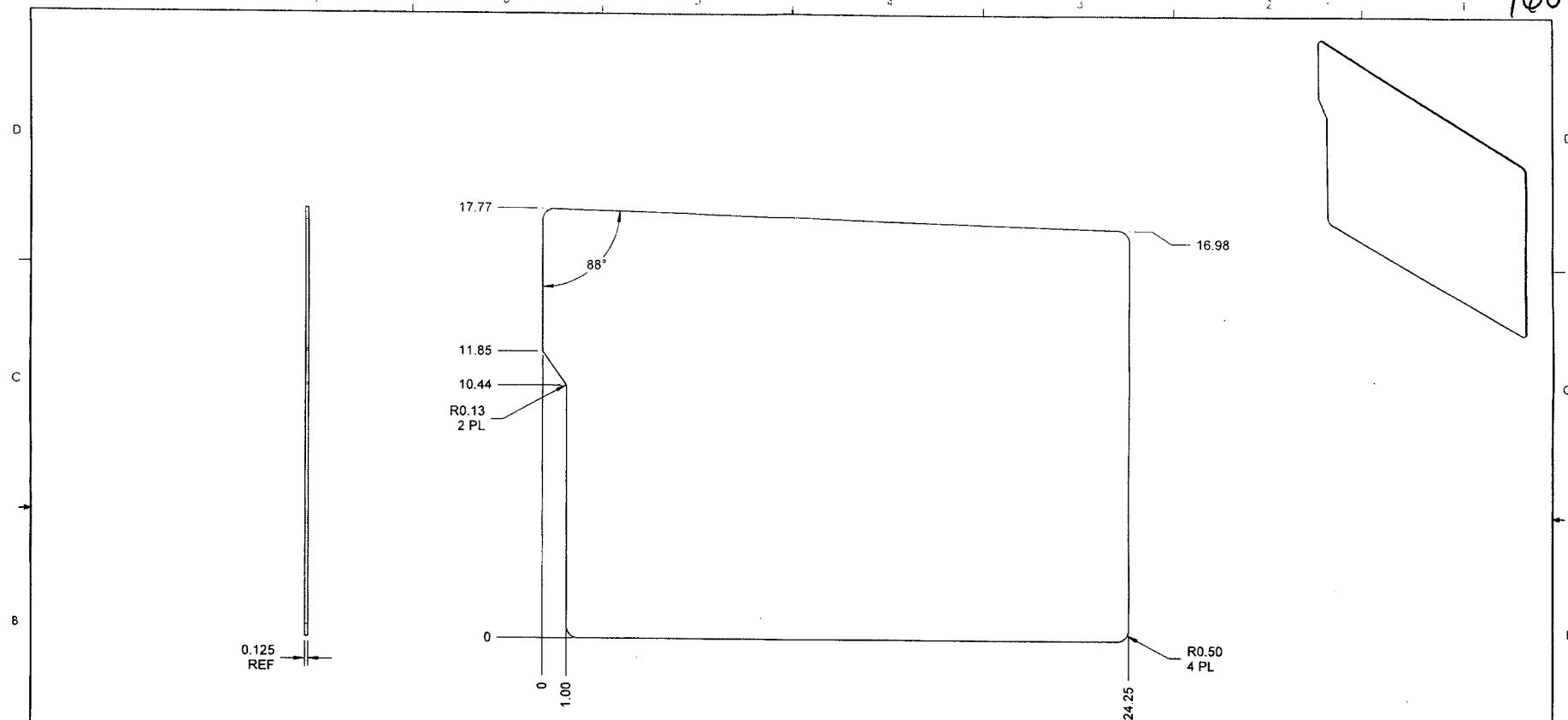
RELEASED
[Signature]

NOTES:

- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-7" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 1.79 lbs
- 8) CHECK PER TEMPLATE DT8927

DESIGN	<i>[Signature]</i>	DART AEROSPACE LTD
DRAWN	<i>[Signature]</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	DRAWING NO.
MFG. APPR.	<i>[Signature]</i>	REV. A
APPROVED	<i>[Signature]</i>	D3876
DE APPR.	<i>[Signature]</i>	SHEET 4 OF 7
DATE	09.04.02	TITLE
		SCALE
		NTS
		BAGGAGE PROTECTOR
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D3876-9 PROTECTOR - RH AFT WALL
(TEXTURED SIDE SHOWN)

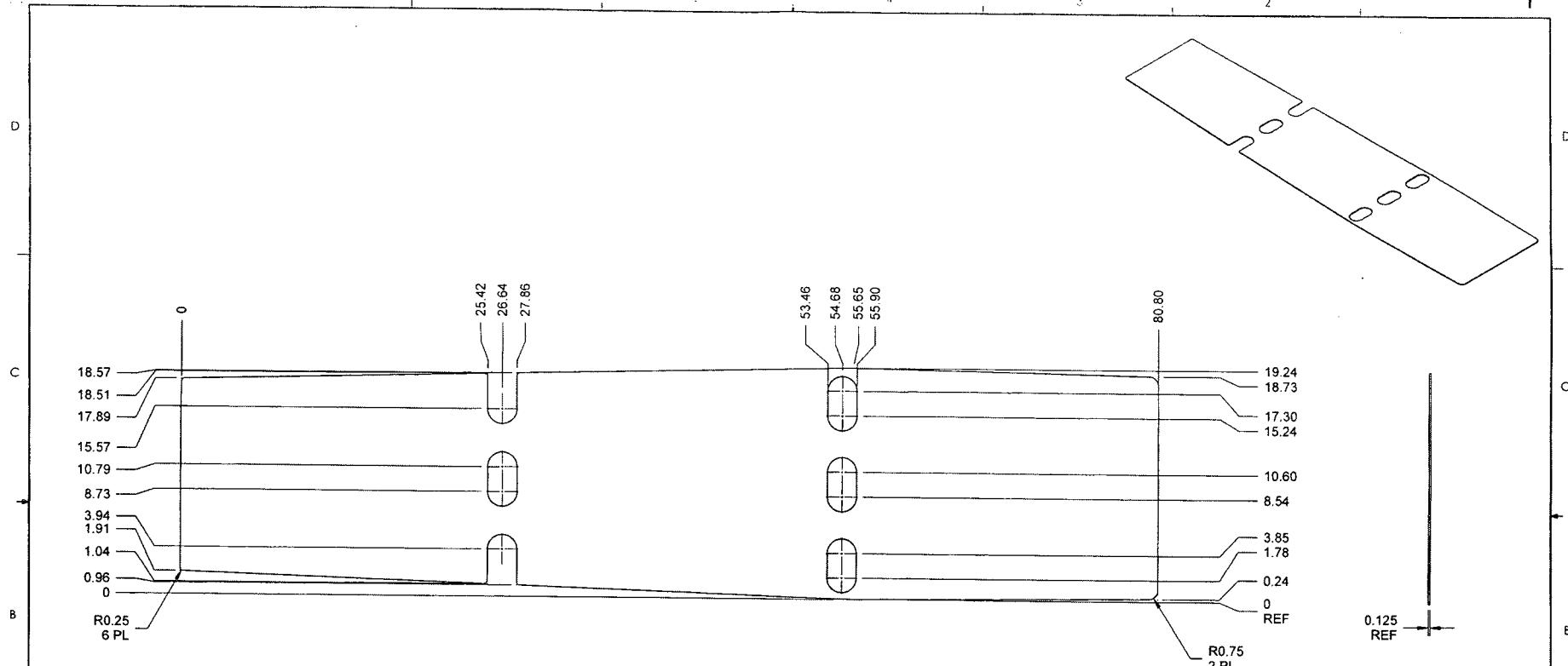
RELEASED
04/04/03 M

NOTES:

- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-9" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 2.22 lbs
- 8) CHECK PER TEMPLATE DT8928

DESIGN	<i>AB</i>	DART AEROSPACE LTD	
DRAWN	<i>AB</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>PH</i>	DRAWING NO.	REV. A
MFG. APPR.	<i>PZ</i>	D3876	SHEET 5 OF 7
APPROVED	<i>NP</i>	TITLE	SCALE
DE APPR.	<i>NP</i>	BAGGAGE PROTECTOR	NTS
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96823



D3876-11 PROTECTOR - FLOOR
(TEXTURED SIDE SHOWN)

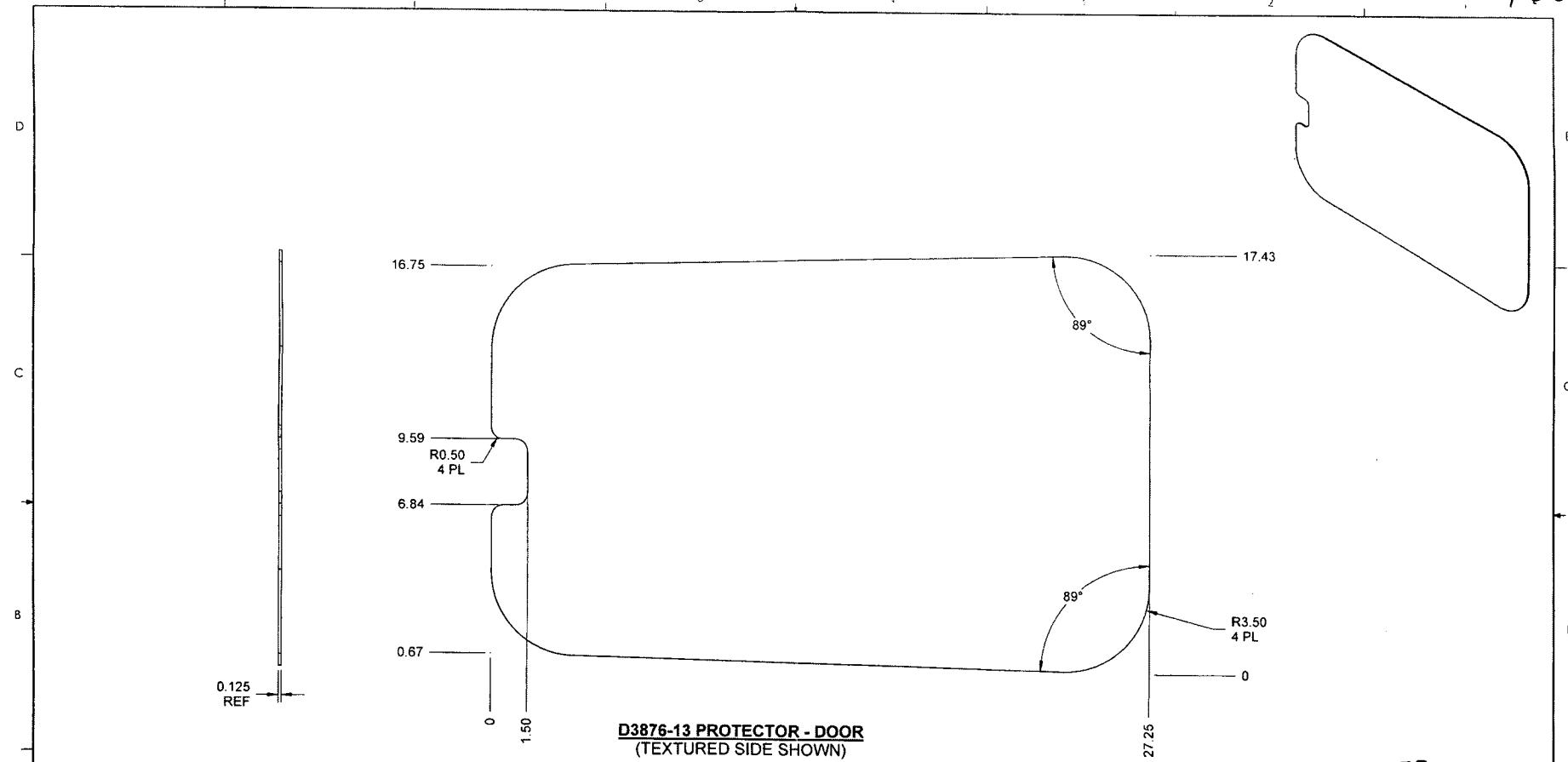
RELEASED
04/04/02

NOTES:

- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-11" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 7.46 lbs
- 8) CHECK PER TEMPLATE DT8929

DESIGN	<i>AB</i>	DART AEROSPACE LTD	
DRAWN	<i>AB</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>PW</i>	DRAWING NO.	
MFG. APPR.	<i>E</i>	REV. A	
APPROVED	<i>AB</i>	D3876	
DE APPR.	<i>AB</i>	SHEET 6 OF 7	
DATE	09.04.02	TITLE	SCALE
		BAGGAGE PROTECTOR	
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RELEASED
09/06/03 AM

NOTES:

- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-13" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 2.41 lbs
- 8) CHECK PER TEMPLATE DT8930

DESIGN	<i>AB</i>	DART AEROSPACE LTD	
DRAWN	<i>AB</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>PH</i>	DRAWING NO. D3876	
MFG. APPR.	<i>EZ</i>	REV. A	SHEET 7 OF 7
APPROVED	<i>AB</i>	TITLE	SCALE
DE APPR.	<i>AB</i>	BAGGAGE PROTECTOR	
DATE	09.04.02	NTS	

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8 7 6 5 4 3 2 1